

Dear Applicant:

Enclosed you will find the forms necessary for you to apply for licensure as a Athletic Trainer. It is strongly suggested that you read the Regulations prior to filling out the application, and then examine the directions entitled "**STEPS TO LICENSURE**" to see which forms are appropriate for you.

Please note the following:

- (a) Applications not completed in their entirety will be returned, minus the application fee, which is non-refundable.
- (b) The photograph must be a "passport photo."
- (c) The name on the application must match the name on the driver's license or Social Security Card. We will not accept nicknames, abbreviations, or alterations.
- (d) All fees are to be made payable to the Mississippi State Department of Health.

If you have any questions regarding the above, please contact our office as follows:

MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE-ATHLETIC TRAINER
P.O. BOX 1700
JACKSON, MS 39215-1700
(601) 576-7260

Please be advised that it is illegal for any person, corporation or association to, in any manner, represent himself or itself as a athletic trainer, send out billings as providing athletic training services, or use in connection with his or its name, the titles "athletic trainer", "trainer", "certified athletic trainer", or "licensed athletic trainer" or use the letters "LAT", "ATC", "AT", "CAT" or any other facsimile thereof when he or she is not licensed in accordance with the provisions of these regulations or meets the exemptions set forth in the statute and/or regulations. Individuals engaging in such practices, or employing non-licensed practitioners, will be subject to criminal and/or civil penalties.

Sincerely,

David Kweller
Health Facilities Surveyor II

DK/bj
Enclosure

STEPS TO LICENSURE ATHLETIC TRAINERS

Enclosed is a licensing packet for Athletic Trainers. The requirements for each are as follows:

1. **NATA:**

- a. Completed, notarized application.
- b. Application fee - \$100.00 (non-refundable).
- c. Verification of Residency form with attachments.
- d. Copy of current NATA card.

2. **Endorsement:**

- a. Completed, notarized application.
- b. Application fee - \$100.00 (non-refundable).
- c. Information Verification Form.

3. **Qualifications:**

- a. Completed, notarized application.
- b. Application fee - \$100.00 (non-refundable).
- c. Verification of Residency form with attachments.
- d. NATA Qualifications Form.
- e. Verification of Education in Physical Therapy.

- or -

NATA Passing Grade Form.

All requirements must be on file and satisfactory to this office before a license may be issued.

Athletic Trainer
Application for Licensure

Office Use

Check No. _____

Amount \$ _____

Date ____/____/____

(Please type or print in ink)

1. Date: _____
2. Name: _____
(Last) (First) (Middle)
3. Home Address: _____ 4. Telephone Number (____) _____
5. _____ (City) _____ (State) 6. _____ (Zip Code) 7. _____ (County)
8. Social Security No. [][][] - [][] - [][][][] 9. Date of Birth: [][] - [][] - [][]
10. Race: _____ 11. Sex: Male ☐ Female ☐ 12. U.S. Citizen: No ☐ Yes ☐ 13. Legal Alien: No ☐ Yes ☐
14. Place of Employment: _____
15. Title of Position: _____ 16. Supervisor: _____
17. Employment Address: _____ 18. Telephone Number (____) _____
- _____ (City) _____ (State) _____ (Zip Code) _____ (County)
19. Are there any criminal or civil suits pending against you? If yes, attach a full explanation. No ☐ Yes ☐
20. Are you now addicted to or have you ever excessively used alcohol, narcotics, barbiturates or habit forming drugs? If yes attach a full explanation. No ☐ Yes ☐
21. Have you ever been convicted of any violations of law (except minor traffic violations)? If yes, attach a full explanation. No ☐ Yes ☐
22. a. Have you ever had a license or permit encumbered in any way? No ☐ Yes ☐
b. If yes, has the decree changed? Attach a full explanation. No ☐ Yes ☐
23. Have you ever been declared mentally incompetent by any court? If yes, attach an explanation. No ☐ Yes ☐
24. a. Are you currently certified by the National Athletic Trainers Association, Inc.? No ☐ Yes ☐
b. NATA certification number: _____ (attach a copy of your card)
25. Are you currently licensed in another state in the area of Athletic Training? No ☐ Yes ☐
b. If yes, what state? (Attach a copy of current license) _____



Subscribed and sworn to before me this _____ day
of _____, 20 _____.
My commission expires _____.

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Licensure of Athletic Trainer and affirm that all conditions for licensure have been met and will be maintained.

(Notary Public)

(Applicant's Signature)

Notary Seal

*Copy of Social Security Card
or
Drivers License*

*Photo
(only a Passport Photo
will be accepted)*

Complete form, enclose fee and mail to: **Mississippi State Department of Health
Professional Licensure: Athletic Trainer
P. O. Box 1700
Jackson, Mississippi 39215-1700**



Athletic Trainer
NATABOC, Inc.
Qualifications Verification

- Instructions to Applicant:**
1. Complete the information below.
 2. Attach documentation proving either
 - a. that you have completed NATABOC, Inc. certification requirements; or
 - b. that you have completed education and experience equal in quality to NATABOC, Inc. certification requirements.
 3. Sign before a Notary Public.
 4. Enclose a check, in the amount of one hundred dollars (\$100.00), payable to CAS, Inc. This fee is non-refundable.
 5. Mail to: **Columbia Assessment Services, Inc.**
3725 National Drive
Suite 213
Raleigh, North Carolina 27612

(Please type or print in ink)

1. Date: _____
2. Name: _____
(Last) (First) (Middle)
3. Home Address: _____
4. Telephone Number (____) _____
5. _____
(City) (State)
6. _____
(Zip Code)
7. _____
(County)
8. Social Security No. - -
9. Date of Birth: - -
10. Race: ☐ White ☐ Black ☐ Other (specify) _____
11. Sex: ☐ Male ☐ Female

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I hereby authorize Columbia Assessment Services, Inc. to review the documentation attached hereto, and to directly notify the Mississippi State Department of Health of its conclusions.

(Applicant's Signature)



Instructions to Columbia Assessment Services, Inc.

Upon review of the documentation supplied by the applicant, please complete and return to:

**Mississippi State Department of Health
Professional Licensure–Athletic Trainers
P. O. Box 1700
Jackson, Mississippi 39215-1700**

Name of Applicant: _____

Social Security Number of Applicant: _____

Date Application Reviewed: _____.

The above applicant: ☐ Meets NATABOC, Inc. certification requirements

☐ Does not meet NATABOC Inc. certification requirements

CAS, Inc.

By: _____
(Print Name)

(Sign Name)

Date: _____

Seal



Athletic Trainer

Information/Verification Between States

Instructions:

Complete Part I of this form and send to the licensing board of the state or jurisdiction in which you hold a current license. Once they complete Part II, this form should be forwarded to the address on the back of this form.

Part I

~ To Be Completed by Applicant ~

To Whom This May Concern:

I am applying for a license as an Athletic Trainer in the State of Mississippi and hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or my practice. When both (Parts I and II) are completed, please return the form to the licensing authority noted on the back of this form.

Applicant's Signature: _____

Date: _____

Type or Print Full Name: _____
(First) *(Middle)* *(Last)*

Address: _____
(Street/P. O. Box) *(City)* *(State)* *(Zip)*

Date of Birth: _____ Social Security No.: _____

Employer: _____ Supervisor: _____

Your Job Title: _____ Telephone Number: ____ (____) _____

Description of License Held in Other Jurisdiction:

Jurisdiction: _____ License No.: _____

Title of License: _____

Date Issued: _____ Expiration Date: _____



Part II

~ To Be Completed By Board Or Regulatory Agency ~

1. Does the above information confirm with that in your records? ☐ Yes ☐ No. If no, please explain:

2. Did the applicant obtain the original license from your state? ☐ Yes ☐ No. If no, which state issued the original license? _____
3. Was the applicant licensed under a "grandfathering" provision? ☐ Yes ☐ No
4. Is the applicant certified by NATABOC? ☐ Yes ☐ No. If yes, please indicate Certification Number:

5. Do you consider the applicant to be in good standing at this time? ☐ Yes ☐ No. If no, please explain:

6. According to your records, has the applicant ever been disciplined by your board, any state agency or by any professional organization? ☐ Yes ☐ No. If yes, please explain and attach a copy of the order, decree or other relevant documentation. _____
7. Do you have any additional comments regarding the applicant's license or practice? _____

Date: _____

Board Chair or Designated Official

Board Seal

Title of Board

Address

City

State

Zip

Phone

Upon completion of this form by the Licensure/Registration Authority, please forward to:

**Mississippi State Department of Health
Professional Licensure: Athletic Training
P. O. Box 1700
Jackson, Mississippi 39215-1700**



Athletic Trainer

Verification of Residency

1. Date: _____

2. Name: _____
(Last) (First) (Middle)

3. Home Address: _____ 4. Telephone Number (____) _____

(City) (State) (Zip Code) (County)

5. Social Security No.

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 6. Date of Birth:

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7. Documents attached (any two (2) of following) with name and address of applicant

- ☐ Telephone Bill
- ☐ Bank Statement
- ☐ Lease
- ☐ Electric Bill
- ☐ Gas Bill

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above Verification of Residency form, that I am, as of the date of this application a resident of the State of Mississippi, and that all statements contained herein or accompanying this form are true to the best of my knowledge and belief.

(Applicant's Signature)

Complete form, enclose fee and mail to: **Mississippi State Department of Health
Professional Licensure: Athletic Trainer
P. O. Box 1700
Jackson, Mississippi 39215-1700**



Athletic Trainer
NATABOC, Inc.
Verification of Passing Grade

- Instructions to Applicant:**
1. Complete the information below.
 2. Sign before a Notary Public.
 3. Enclose a check in the amount of ten dollars (\$10.00), payable to CAS, Inc.
This fee is non-refundable.
 4. Mail to: **Columbia Assessment Services, Inc.**
3725 National Drive
Suite 213
Raleigh, North Carolina 27612

(Please type or print in ink)

1. Date: _____
2. Name: _____
(Last) (First) (Middle)
3. Home Address: _____
4. Telephone Number (____) _____
5. _____
(City) (State)
6. _____
(Zip Code)
7. _____
(County)
8. Social Security No.

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9. Date of Birth:

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9. Date NATABOC, Inc., examination taken _____
10. Examination Test Site _____

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and the information contained therein is true to the best of my knowledge and belief. I hereby authorize Columbia Assessment Services, Inc. to release to the Mississippi State Department of Health, Professional Licensure–Athletic Trainers, the results of the NATABOC, Inc. certification examination taken on the date listed herein.

(Applicant's Signature)



To Be Completed By Columbia Assessment Services, Inc.

Please complete below and return to: **Mississippi State Department of Health
Professional Licensure—Athletic Trainers
P. O. Box 1700
Jackson, Mississippi 39215-1700**

Name of Applicant: _____

Social Security Number of Applicant: _____

The above applicant received a passing grade on the NATABOC, Inc. certification examination taken on _____.
(Date)

Columbia Assessment Services, Inc.

By: _____
(Print Name)

(Sign Name)

Date: _____

Seal

